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POSITION	ID NO.	DATE
CLASSIFIER	18	10-26-93
EXAMINER	368	10-28-93
TYPIST 343 11/5/93	343	11/4/93
VERIFIER	85	11/8/93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim		Date
Final	Original	
	3 51 54	6/15
1	(49)	✓ =
2	50	/ =

**BEST AVAILABLE COPY**

Final	Claim	Original	Date
3	51	3	
4	52	3 1/2	
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6	54	4 1/8	
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SYMBOLS	
✓	Rejected
-	Allowed
- (Through numeral)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

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